

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-65

Operator General Operating Company	
Address Suite 1007 Ridglea Bank Building, Fort Worth, Texas 76116	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Unit Operator change effective 11-1-78.
Recompletion ☐	
Change in Ownership ☐	
Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	

If change of ownership give name and address of previous owner Gene A. Snow, P. O. Box 1270, Lovington, New Mexico 88260

II. DESCRIPTION OF WELL AND LEASE

Lease Name Drickey Queen Sand Unit Tract 18	Well No. 1	Pool Name, Including Formation Caprock Queen	Kind of Lease State, Federal or Fee State	Lease No. B-10417
Location Unit Letter: I, 1980 Feet From The South Line and 660 Feet From The East Line of Section 16 Township 14S Range 31E, NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Texas New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528, Hobbs, New Mexico 88240					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ None	Address (Give address to which approved copy of this form is to be sent) None					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 16	Twp. 14S	Rge. 31E	Is gas actually connected? No	When -

If this production is commingled with that from any other lease or pool, give commingling order number: -

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v. D.N. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
Perforations		Depth Casing Shoe						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First Now Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Test-MCF/D (Flow, back pr.)	Tubing Pressure (Gauge-12)	Casing Pressure (Gauge-12)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

C. W. Starnes

(Signature)

Agent

1-1-1979

OIL CONSERVATION COMMISSION

APPROVED JAN 3 1979

BY Orig. Signed by
Jerry Sexton
TITLE Dist. L. Supv.

This form is to be filed in compliance with rules and regulations.
If this is a request for allowable for a newly drilled well, this form must be accompanied by a log of tests taken on the well in accordance with Rule 10.
All sections of this form must be filled out completely for a well able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for other wells.

RECEIVED

NOV 18 1979
U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION